N.C. Department of Health and Human Services Division of Public Health Epidemiology Section • TB Control

## Record of Tuberculosis Screening

Name: Race: _	Birthdate:/	/	
Section A.	Da	ite	
Answer the following questions.			
Do you have:	Descriptions	Yes	No
1. Unexplained productive cough	Cough greater than 3 weeks in duration		
2. Unexplained fever	Persistent temp elevations greater than one month		
3. Night sweats	Persistent sweating that leaves sheets and bedclothes wet		
4. Shortness of breath/Chest pain	Presently having shortness of breath or chest pain		
5. Unexplained weight loss/appetite loss	Loss of appetite with unexplained weight loss		
6. Unexplained fatigue	Very tired for no reason		
ment if my health status changes.			
Signature	Date Witne	?SS	
-	erson (a) had a tuberculin skin test on// est X-ray done on/ which showed no		
	symptoms suggestive of active tuberculosis disease. A ch	est X-r	ay fo
uberculosis is not indicated.			
	/	_/	
Licensed Medical Professio	nal		

Purpose: To be used for persons who:

- (1) have had a significant reaction to the tuberculin skin test;
- (2) have had a negative chest X-ray; and
- (3) need a record of their tuberculosis status.

Preparation: To be completed by a licensed medical professional.

**Section A:** Record the person's answers to questions 1-6.

- (1) If all answers are **no**, have person sign where specified and continue to Section B.
- (2) If any two answers are **yes**, **do not** complete the record. Refer person for evaluation as appropriate.

Section B: Complete information as specified.

NOTE: Document this visit in person's clinical record and specify outcome, i.e., indicate that the record or a referral was given to the person.

Disposition: (1) If all answers in Section A are **no**, no copy required. Document as noted above.

(2) If any two answers in Section *A* are *yes*, retain original and any further referral form in record. Destroy in accordance with Standard 5, *Records Disposition Schedule*, published by the N.C. Division of Archives and History.

Additional forms may be ordered from: Department of Health and Human Services

General Communicable Disease

Epidemiology Section Tuberculosis Control 1902 Mail Service Center Raleigh, NC 27699-1902